Customer No. 24498 Serial No.: 10/566,493 PATENT PU030229

JR 2629

FEB 0 5 2009

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

\*pplicant

Donald Henry Willis

Serial No.

10/566,493

Filed

January 30, 2006

Art Unit

2629

Examiner: Liliana P. Cerullo

For

SPOKE LIGHT COMPENSATION FOR MOTION

ARTIFACT REDUCTION

### INFORMATION DISCLOSURE STATEMENT

[ ] 1 Pursuant to 37 CFR 1.97(b)

[within 3 months of filing or prior to 1st Office Action]

[x] 2 Pursuant to 37 CFR 1.97(c)

[before Final Office Action or Allowance]

[ ] 3 Pursuant to 37 CFR 1.97(d)

[after Final Office Action or Allowance, but prior to payment of Issue Fee]]

Mail Stop Amendment Commissioner for Patents P. O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

The following are submitted in the above-identified application in compliance with 37 CFR 1.97 & 1.98:

[X] 4 A list of documents on form PTO/SB/08a and/or PTO/SB/08b together with copies of each identified document and a translation or a concise explanation of each non-English language document is enclosed herewith.

This paper is submitted in accordance with:

[ ] 5 37 CFR 1.97(b): [within 3 months of filing or prior to 1st Office Action]

[x] 6 37 CFR 1.97(c): [before Final Office Action or Allowance, whichever is earlier]; and

[ ] (a) The required certification made in item 8(a) below; OR

[X] (b) The \$180.00 fee specified in 37 CFR 1.17(p) for submission of this Information Disclosure Statement is authorized in item 9 below.

[ ] 7 37 CFR 1.97(d): [after Final Office Action or Allowance, but prior to payment of Issue Fee]; and

[ ] (a) The required Certification made in item 8(a) below; AND

[ ] (b) The \$180.00 fee specified in 37 CFR 1.17(p) for submission of this Information Disclosure Statement is authorized in item 9 below.

02/05/2009 WASFAW1 00000006 070832 10566493

01 FC:1806 180.00 DA

Customer No. 24498 Serial No.: 10/566,493

# []8 Certification

- [ ] (a) Each item of information contained in this Statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Statement; or
- [ ] (b) No item of information contained in this Statement was cited in a communication from a foreign patent office in a counterpart foreign application and, to the knowledge of the person signing this document after making reasonable inquiry, was known to any individual designated in 37 CFR 1.56(c) more than three (3) months prior to the filing of this Statement.
- [X] 9 Please charge the applicable fees associated with the submittal of this Information Disclosure Statement to Deposit Account No. <u>07-0832</u>. An original and one (1) copy of this document is enclosed.

Respectfully submitted,

DONALD HENRY WILLIS

By:

James McKenzie, Attorney Registration No. 51,146

(609) 734-6866

JMK:pdf

**Enclosures** 

THOMSON Licensing LLC Patent Operations P.O. Box 5312 Princeton, New Jersey 08543-5312

February 3, 2009

#### **Certificate of Mailing**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in a postage paid envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date indicated below.

Date Jebruary 3, 2009

Signature:

Patricia M. Fedorowycz

IDS Form Ltr. 2 Rev. 09/2008



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**DONALD HENRY WILLIS** 

By:

James McKenzie, Attorney Registration No. 51,146

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Date: Jehrury 3, 2009

Signature:

Patricia M. Fedorowycz

IDS Form Ltr. 2 Rev. 09/2008 Fees pursuant to th

# FEE 7

- A 2005 (U.S. 4948)	Complete il renount			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/566,493		
FEE TRANSMITTAL	Filing Date	January 30, 2006		
for FY 2007	First Named Inventor	Donald Henry Willis FEB 0 5 2009		
	Examiner Name	Liliana P. Cerullo		
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2629 TAADEMANN		
TOTAL AMOUNT OF PAYMENT (\$) \$180.00	Attorney Docket No.	PU030229		

METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: 24498							
☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):							
<ul> <li>☑ Deposit Account: Deposit Account Number 07-0832</li> <li>☐ Deposit Account Name: THOMSON LICENSING LLC</li> <li>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</li> <li>☐ Charge fee(s) indicated below</li> <li>☐ Charge fee(s) indicated below, except for the filing fee</li> <li>☐ Credit any overpayments</li> <li>fee(s) under 37 CFR 1.16 and 1.17</li> <li>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</li> </ul>							
FEE CALCULATION (	All the fee	s below are due	upon filing or	may be subject to	a surcharge.)		
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Small Entity			CH FEES Small Entity	EXAMINATION FEES Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
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2. EXCESS CLAIM FE	ES					Small E	
Fee Description						<del>2 (\$)</del>	Fee (\$)
Each claim over 20 (including Reissues)				20	50	25 100	
Each independent claim over 3 (including Reissues)  Multiple dependent claims				36		180	
Total Claims		xtra Claims	Fee (\$)	Fee Paid (\$)		ltiple Depende	
				Fee Paid (\$)			
HP = highest number of to	tal claims pa	aid for, if greater tha	n 20.	<del></del>		<del></del>	
Independent Claims Extra Claims Fee (\$) Fee Paid (\$)  - 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.							
3 ADDITION SIZE	: :::::						
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer tistings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra SI	heets Nu	mber of each	additional 50 or frac	ction thereof	Fee (\$)	Fee Paid (\$)
- 100 =		/ 50 =	(rou	nd <b>up</b> to a whole nu	mber) x		_ =
4. OTHER FEE(S) Non-English Specificat	ion, \$130 f	ee (no small enti	ty discount)				Fees Paid (\$)
Other (e.g., late filing s	urcharge):l	NFORMATION	I DISCLOSUF	RE STATEMENT I	FEE: \$180.00	)	\$180.00

SUBMITTED BY						
Name (Print/Type)	James McKenzie  Registration No. (Attorney/Agent)	51,146 <sub>те</sub>	lephone (609) 734-6866			
Signature	mrs / Throw		February 3, 2009			

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
	• • • • • • • • • • • • • • • • • • • •	•	· · · · · · · · · · · · · · · ·	Application Number 10/566,493				TPE	
FEE TRANSMITTAL			Filing Date	Ja	January 30, 2006 / %				
for FY 2007			First Name	d Inventor Do	Donald Henry Willis FFB 0.5 7009				
				Examiner N		Liliana P. Cerullo			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	26	2629 PHO30339				
TOTAL AMOUNT O			30.00	Attorney Do	ocket No. PU	1030229		PADEMAN	
TOTAL AMOUNT O	7 FATULIA	1 (4) 4.0		- Attorney Be	CRECITO: 1		<del></del>		
METHOD OF PAYMENT			OMER NUMB						
☐ Check ☐ Cr	edit card [	☐ Money C	Order	∐ No	ne 📙 C	other (please ident	tify):	<del></del>	
Deposit Account: Deposit Account Number 07-0832  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
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1. BASIC FILING, SE	FILING F			CH FEES Small E	EXAMINATION FEES Sall Entity Small Entity			ity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (	<u>Fee</u>	e (\$) F	ee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	2	00	100		
Design	200 .	100	100	50	1:	30	65		
Plant	200	100	300	150	10	60	80		
Reissue	300	150	500	250	6	00	300		
Provisional	200	100	0	0		0	0		
2. EXCESS CLAIM F	EES						Small En	tity	
Fee Description						<u>Fee (\$)</u>		Fee (\$)	
Each claim over 20 (incl	uding Reissues					50		25	
Each independent claim		g Reissues)				200		100	
Multiple dependent clair		ten Claires	Fac (4)	For Ball 4	·¢\	360 Multiple l	180 t Claims		
Total Claims	or HP =	tra Claims	<u>Fee (\$)</u>	<u>Fee Paid(</u> =	<u>3</u> 1	Fee (\$)		Fee Paid (\$)	
HP = highest number of		d for, if greater t				- 25 151			
	or HP =	tra Claims	Fee (\$)	Fee Paid	<u>(\$)</u>				
HP = highest number of		aims paid for, if	greater than 3.						
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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							Fee Paid (\$)		
- 100 =	- 100 = / 50 = (round up to a whole number) x =						=		
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)  Other (o.e., lete filing purchases) INFORMATION DISCLOSURE STATEMENT FEE: \$180.00									
Other (e.g., late filing surcharge):INFORMATION DISCLOSURE STATEMENT FEE: \$180.00									
SUBMITTED BY									
Name (Print/Type)  James McKenzie  Registration No. (Attorney/Agent)  51,146  Telephone  (609) 734-6866					34-6866				